| OIPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                             | PART B                                                                                                | B - FEE(S                                                 | ) TRA                              | NSMIT                                                                                                                                                                                                                                                                                                                                                    | ΓTAL                                                                 |                 |                                                                                                                            |                                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--|
| Complete and send this form, together with applicable fee(s), to: Mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                             |                                                                                                       |                                                           |                                    |                                                                                                                                                                                                                                                                                                                                                          | Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450           |                 |                                                                                                                            |                                                                                                                     |  |
| or Fax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                             |                                                                                                       |                                                           |                                    | Alexandria, Virginia 22313-1450<br>(703) 746-4000                                                                                                                                                                                                                                                                                                        |                                                                      |                 |                                                                                                                            |                                                                                                                     |  |
| INSTRUCTIONS: This fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | orm should be used for trar                                                                                                                 | smitting the ISSU                                                                                     |                                                           |                                    |                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                 | ired). Blocks I through 5                                                                                                  | should be completed where                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                             |                                                                                                       | rders and not<br>a) specifying                            | a new c                            |                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                 |                                                                                                                            |                                                                                                                     |  |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  7590 08/27/2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                             |                                                                                                       |                                                           |                                    | Note: A certificate of mailing can only be used for domestic mailings of th Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mushave its own certificate of mailing or transmission.                                                               |                                                                      |                 |                                                                                                                            |                                                                                                                     |  |
| Brinks Hofer Gi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                             |                                                                                                       |                                                           |                                    | nave its                                                                                                                                                                                                                                                                                                                                                 | own ce                                                               |                 |                                                                                                                            |                                                                                                                     |  |
| P.O. Box 10395                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                             |                                                                                                       |                                                           |                                    | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stopy ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. |                                                                      |                 |                                                                                                                            |                                                                                                                     |  |
| Chicago, IL 60610                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                             |                                                                                                       |                                                           |                                    |                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                 |                                                                                                                            |                                                                                                                     |  |
| 1/16/2004 DEMMANU2 00000094 10027451                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                             |                                                                                                       |                                                           |                                    |                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                 |                                                                                                                            |                                                                                                                     |  |
| FC:1501 1370.00 QP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                             |                                                                                                       |                                                           |                                    | Gustavó Síller, Jr.                                                                                                                                                                                                                                                                                                                                      |                                                                      |                 |                                                                                                                            | (Depositor's name                                                                                                   |  |
| 2 FC:1504                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 300.00 OP                                                                                                                                   |                                                                                                       |                                                           |                                    |                                                                                                                                                                                                                                                                                                                                                          | /                                                                    |                 | we /                                                                                                                       | (Signature)                                                                                                         |  |
| 3 FC:8001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 30.00 OP                                                                                                                                    | •                                                                                                     |                                                           |                                    |                                                                                                                                                                                                                                                                                                                                                          | X-,                                                                  |                 | 11/12/64/                                                                                                                  | (Date)                                                                                                              |  |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FILING DATE                                                                                                                                 | FIRST NAMED INV                                                                                       |                                                           | D INVEN                            | NTOR                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                 | ATTORNEY DOCKET NO.                                                                                                        | CONFIRMATION NO.                                                                                                    |  |
| 10/027,451                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10/027,451 12/20/2001<br>TITLE OF INVENTION: FORCE FEEDBACK FUNC                                                                            |                                                                                                       |                                                           | Onodera                            | i                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                 | 9281-4255                                                                                                                  | 1511                                                                                                                |  |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PLN. TYPE SMALL ENTITY ISSUE FEE                                                                                                            |                                                                                                       |                                                           |                                    | NIDI ICATION FEE                                                                                                                                                                                                                                                                                                                                         |                                                                      |                 |                                                                                                                            |                                                                                                                     |  |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ·                                                                                                                                           |                                                                                                       |                                                           |                                    | UBLICATION FEE                                                                                                                                                                                                                                                                                                                                           |                                                                      | <u>-</u>        | TOTAL FEE(S) DUE                                                                                                           | DATE DUE                                                                                                            |  |
| nonprovisional NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                             | \$1330                                                                                                |                                                           |                                    | \$300                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                 | \$1630                                                                                                                     | 11/29/2004                                                                                                          |  |
| EXAMINER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                             | ART UNIT                                                                                              |                                                           | CI                                 | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                           |                                                                      |                 |                                                                                                                            |                                                                                                                     |  |
| LEWIS, D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2673                                                                                                                                        |                                                                                                       |                                                           | 345-16                             | 1000                                                                                                                                                                                                                                                                                                                                                     |                                                                      | •               |                                                                                                                            |                                                                                                                     |  |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (printed PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear or recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for finding printed prin |                                                                                                                                             |                                                                                                       |                                                           |                                    | a single firm (having as a member a ey or agent) and the names of up to at attorneys or agents. If no name is will be printed.                                                                                                                                                                                                                           |                                                                      |                 |                                                                                                                            |                                                                                                                     |  |
| (A) NAME OF ASSIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | IEE                                                                                                                                         | (B)                                                                                                   | ) RESIDENC                                                | CE: (CIT                           | Y and S7                                                                                                                                                                                                                                                                                                                                                 | ГАТЕ О                                                               | R COU           | JNTRY)                                                                                                                     |                                                                                                                     |  |
| ALPS ELECTR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                             |                                                                                                       | Toky                                                      | -                                  | -                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                 |                                                                                                                            |                                                                                                                     |  |
| 4a. The following fee(s) are                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | e assignee category or catego                                                                                                               |                                                                                                       |                                                           |                                    | Ind                                                                                                                                                                                                                                                                                                                                                      | ividual                                                              | <b>M</b> Cc     | rporation or other private g                                                                                               | roup entity Government                                                                                              |  |
| Issue Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | enciosed:                                                                                                                                   |                                                                                                       | Payment of                                                |                                    | 1011m4 = F                                                                                                                                                                                                                                                                                                                                               | tha for t                                                            | -N de           | alaand                                                                                                                     |                                                                                                                     |  |
| <b>—</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                             |                                                                                                       |                                                           |                                    |                                                                                                                                                                                                                                                                                                                                                          | nount of the fee(s) is enclosed. it card. Form PTO-2038 is attached. |                 |                                                                                                                            |                                                                                                                     |  |
| Advance Order - # o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | f Copies10                                                                                                                                  |                                                                                                       |                                                           |                                    |                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                 |                                                                                                                            | r credit any overpayment, to copy of this form).                                                                    |  |
| 5. Change in Entity Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (from status indicated above                                                                                                                | )                                                                                                     | Deposit Acc                                               | ount ivu                           | noer                                                                                                                                                                                                                                                                                                                                                     |                                                                      | -17/            | (enclose an extra                                                                                                          | copy of this form).                                                                                                 |  |
| a. Applicant claims S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MALL ENTITY status. See                                                                                                                     | 37 CFR 1,27.                                                                                          | ☐ b. Applic                                               | ant is no                          | longer c                                                                                                                                                                                                                                                                                                                                                 | laiming                                                              | SMAI            | L ENTITY status. See 37 (                                                                                                  | CFR 1.27(e)(2)                                                                                                      |  |
| The Director of the USPTO<br>NOTE: The Issue Fee and P<br>interest as shown by the rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | is requested to apply the Issu-<br>publication. Fee (if required) words of the United States Pate                                           | e Fee and Publicati                                                                                   | ion Fee (if an                                            | y) or to<br>other th               | re-apply<br>an the ap                                                                                                                                                                                                                                                                                                                                    | any pre                                                              | viously; a regi | y paid issue fee to the applic<br>stered attorney or agent; or                                                             | ration identified above.<br>the assignee or other party in                                                          |  |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Authorized Signature                                                                                                                        |                                                                                                       |                                                           |                                    | Date 11/12/64                                                                                                                                                                                                                                                                                                                                            |                                                                      |                 |                                                                                                                            |                                                                                                                     |  |
| Typed or printed name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                             |                                                                                                       |                                                           |                                    | Registration No. 32,305                                                                                                                                                                                                                                                                                                                                  |                                                                      |                 |                                                                                                                            |                                                                                                                     |  |
| This collection of informatic<br>an application. Confidential<br>submitting the completed at<br>this form and/or suggestions.<br>Box 1450, Alexandria, Virg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. pplication form to the USPT's for reducing this burden, shinia 22313-1450. DO NOT | 11. The information<br>122 and 37 CFR 1<br>D. Time will vary<br>ould be sent to the<br>SEND FFES OR C | n is required to .14. This coll depending up Chief Inform | to obtain<br>lection i<br>on the i | or retains<br>s estimate<br>ndividua<br>fficer, U.                                                                                                                                                                                                                                                                                                       | a bene<br>ed to tal<br>l case. A<br>S. Pater                         | fit by the l2 n | ne public which is to file (ar<br>ninutes to complete, includi<br>mments on the amount of to<br>Irademark Office, U.S. Dep | nd by the USPTO to process) ang gathering, preparing, and time you require to complete continuent of Commerce, P.O. |  |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.